

29 AUG 1996 8

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO. IDI 960425 CCN 1013 6 960228		2. INVESTIGATOR'S ID 6156		3. OFFICE CODE 830	
4. DATE OF ACCIDENT YR MO DAY 9 5 1 2 1 3		5. DATE INVESTIGATION INITIATED YR MO DAY 9 6 0 5 0 1			
6. SYNOPSIS OF ACCIDENT OR COMPLAINT Toaster being cooked in an under-the-cabinet mounted toaster burst into flame, apparently because toaster tray did not come out completely and toaster continued to cook. Minor damage to cabinets. No injury.					
7. LOCATION (Home, school, etc.) Home 10					
8. CITY Chaseburg		9. STATE WI 55			
10A. FIRST PRODUCT Toaster 0216		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS Optima Space Maker, Horizon Toaster Black & Decker, 6 Armstrong Rd, Shelton CT 60484			
10B. SECOND PRODUCT		11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS			
12. AGE OF VICTIM N/A	13. SEX (Use numerical code) MALE - 1 FEMALE - 2 UNKNOWN - 3	14. DISPOSITION No injury 9		15. INJURY DIAGNOSIS N/A	
16. BODY PART N/A	17. RESPONDENT(S) (Mother, Friend) Complainant 1		18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3		19. TIME SPENT 1 1 0
20. ATTACHMENTS Multi 9	21. CASE SOURCE Complaint 07		22. REVIEWED BY 8928 960826		
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME X CPSC MAY NOT DISCLOSE MY NAME					
24. NARRATIVE (See instructions on Other Side) See Attached			25. REGIONAL OFFICE DIRECTOR REVIEW DATE		

MFR/PRVLBR NOTIFIED 5/15/97
No Comments made
Comments attached
Excisions/Revisions
Firm has not requested
further notice

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

29 AUG 1996

FIELD ACTIVITY COVERSHEET

1. REGION/STATE WI/Central		2. OPERATION (Check One) <input type="checkbox"/> Inspection <input type="checkbox"/> Establishment Visit <input type="checkbox"/> Telephone Contact <input checked="" type="checkbox"/> Investigation <input type="checkbox"/> Other _____		3. DATE 8/16/96	
				4. NUMBER (For RO Use) 960425CCN 1013	
5. ESTABLISHMENT Name <u>Private Residence (Dawson)</u> Address <u>Route 1 Box 99</u> City <u>Chaseburg</u> State <u>WI</u> Zip <u>54621</u> Telephone No. <u>608/483-2606</u>					
6. RELATED FIRM <input type="checkbox"/> Parent <input type="checkbox"/> Headquarters <input type="checkbox"/> Subsidiary <input type="checkbox"/> Other _____ Name <u>Black & Decker</u> City <u>Shelton</u> State <u>CT</u>					
7. PRODUCTS COVERED <u>Toaster</u>			8. OTHER CONSUMER PRODUCTS _____		
9. ESTABLISHMENT TYPE <input type="checkbox"/> Manufacturer <input type="checkbox"/> Importer <input type="checkbox"/> Wholesaler <input type="checkbox"/> Own Label Distributor <input type="checkbox"/> Retailer <input type="checkbox"/> Repackager <input type="checkbox"/> Other _____			10. ANNUAL PRODUCTION Product Covered \$ _____ Units _____ Other Products \$ _____ Units _____		
11. I.S. BUSINESS % Received _____ % Shipped _____		12. SAMPLES COLLECTED No (Not available)		13. MIS CODE 32626	
14. HOURS Activity <u>6 hrs</u> Travel <u>5 hrs</u>					
15. REASON FOR ACTIVITY (Assignment Reference) IDI 960425 CCN 1013					
16. ANNOUNCED <input type="checkbox"/> Rationale for Announced Inspection UNANNOUNCED <input type="checkbox"/>					
17. EMPLOYEE'S NAME Edward W. Anderson		TITLE Investigator		SIGNATURE	
18. <input type="checkbox"/> ENDORSEMENT <input type="checkbox"/> REMARKS <input type="checkbox"/> SUMMARY <input type="checkbox"/> OTHER _____					
19. REVIEWER'S NAME <u>Robert C. Okaishi</u>					
20. REVIEW DATE 8/26/96		21. DISTRIBUTION EPDS / CCA / FOER / FOUR			

IDI 960425 CCN 1013

PRODUCT IDENTIFICATION:

Optima Space Maker Horizon Toaster, Model T-1000, Type 1

Manufactured by: Black and Decker,
6 Armstrong Rd.,
Shelton, CT 06484.

The toaster is designed to be mounted under a cabinet

PRE-INCIDENT:

The toaster was purchased and installed under a kitchen wall cabinet by the complainant in April, 1995 (see Attachment 3, Figures 1a and b). The complainant reported no problems with the toaster prior to the incident. There were no unusual circumstances associated with use of the toaster prior to the incident.

INCIDENT:

On or about December 13, 1995, the complainant toasted two slices of bread in a normal manner. He immediately put two more slices of bread in the toaster and closed the door to start the toaster. The door would not stay closed. The complainant thought that the toaster was still too hot and had to cool down before the door would stay closed. After buttering the first two slices of toast, the door was closed again. This time the door remained shut. The complainant then proceeded to the living room with his coffee and toast to watch television and wait for the second batch of toast. He listened for the sound from the toaster indicating that the toast was done, but never heard it.

After a couple of minutes waiting, the complainant went back into the kitchen to check on the toast. Upon entering the kitchen, the complainant observed flames about two feet high coming from the toaster. The door of the toaster was open, the toast tray was part way out and the toast was in flames. The complainant stated that it appeared that the toaster was still cooking. The complainant attempted unsuccessfully to extinguish the fire by waving a towel at it. The complainant then closed the toaster door using the towel to protect his hands and the flames ceased. After a few seconds he let go of the door, but as he released it, the door opened and the fire flared up again. The complainant closed the door again, but this time held it closed for about a minute. This time when the door was released, the fire did not flare up again.

No injury occurred during this incident and there was no call to the fire department.

POST-INCIDENT:

The fire damaged the face of the cabinet above where the toaster was mounted. The cabinet had scorch marks on the trim board and the door (see Attachment 3, Figures 2a and b). The complainant cleaned and washed the surface of the cabinets, walls and ceiling where smoke residue was observed.

IDI 960425 CCN 1013

According to information received from John Desimore of Black and Decker (telephone 410/716-2182), the complainant contacted Black and Decker about the fire on December 14, 1995. In mid-February, 1996, the complainant sent the toaster to Black and Decker and was issued a check for \$310.52 as compensation for the fire damage and the toaster. When contacted by the investigator on 5/15/96 about the incident, Mr. Desimore reported that Black and Decker no longer had the toaster and, therefore, could not make it available for examination.

Attachments:

1. Consumer Product Complaint Report
2. Authorization For Release Of Name
3. Figures 1 and 2 Showing the Wall Cabinet, Mounting Bracket and Scorch Marks on the Cabinet.

CONSUMER PRODUCT COMPLAINT REPORT

1. NAME OF COMPLAINANT <i>Jim Dawson</i>		2. TELEPHONE NUMBER <i>608/483-2606</i>	3. DATE OF INCIDENT <i>December</i>
4. STREET ADDRESS <i>Rt 1 Box 99</i>		5. CITY, STATE, ZIP CODE <i>Chaseburg WI 54621</i>	
6a. DESCRIPTION OF PRODUCTS <i>Under the counter toaster oven</i>			
7. BRAND NAME <i>Black and Decker</i>		6b. DATE ACQUIRED <i>April 95</i>	
8. MODEL/STYLE NO.		9. SERIAL NO.	
10. BATCH/LOT NO.		11. MANUFACTURER, IMPORTER OR DISTRIBUTOR NAME AND ADDRESS	
12. DEALER NAME AND ADDRESS		13. HOW PRODUCT ACQUIRED PURCHASED NEW <input checked="" type="checkbox"/> SECOND HAND <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY _____	
14. SAMPLE AVAILABLE YES <input type="checkbox"/> NO <input type="checkbox"/>	15. WARNING LABEL YES <input type="checkbox"/> NO <input type="checkbox"/>	16. INSTRUCTIONS YES <input type="checkbox"/> NO <input type="checkbox"/>	
17. PRODUCT DAMAGED BEFORE INCIDENT YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	18. PRODUCT REPAIRED BEFORE <input type="checkbox"/> INCIDENT <input type="checkbox"/> AFTER <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	19. AGE OF PRODUCT ESTIMATE IF NECESSARY	
IF INJURY OR ILLNESS COMPLETE ITEMS 20 - 24			
20. VICTIM'S AGE	21. VICTIM'S SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	22. BODY PART(S) INVOLVED	
23. TYPE OF INJURY OR ILLNESS BURN <input type="checkbox"/> FRACTURE <input type="checkbox"/> CUT <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY _____			
24. MEDICAL TREATMENT RECEIVED PHYSICIAN'S OFFICE <input type="checkbox"/> EMERGENCY ROOM <input type="checkbox"/> OTHER HOSPITAL <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY _____			
25. GIVE DETAILS OF COMPLAINT, INJURY, OR ILLNESS. DESCRIBE HOW INCIDENT OCCURRED. USE REVERSE SIDE IF NECESSARY. <i>Damage est. \$350</i> <i>Toaster did not open properly when toast was done. Continued to cook. Burst into flame. Mr. Dawson saw flames & put out with a fire extinguisher. Fire damage to cabinets.</i>			
FOR COMMISSION USE ONLY			
26. RECEIVING OFFICE	27. DATE RECEIVED	28. RECEIVED BY	
29. SOURCE OF REPORT LETTER <input type="checkbox"/> PHONE <input type="checkbox"/> VISIT <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY _____		30. DOCUMENT NO. <i>664-0228A</i>	
31. FOLLOW-UP ACTION <i>Investigation 960425CCN1013</i>		32. PRODUCT CODES	
33. DISTRIBUTION <i>FOUR EADS</i>		34. ENDORSEMENT NAME AND TITLE <i>Eric B. Smith, Reg. Dir</i>	

960425ccN/013

U.S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.



You are hereby authorized to disclose my name and address with the information collected on this case.



My identity is to remain confidential.

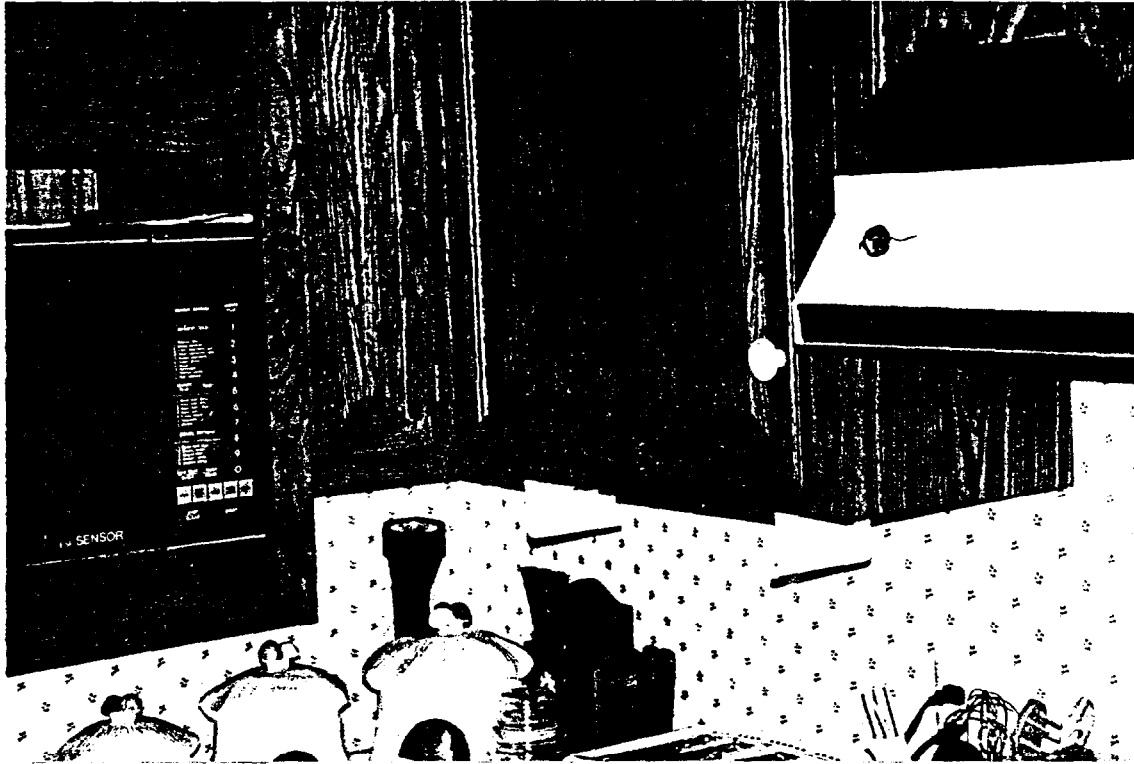
James C. Dawson
(Signature)

4-11-96
(Date)

960425 CCN 1013

Attachment 3.

Figure 1a and b. Placement of the toaster under the cabinet; note the white mounting brackets still in place and scorch marks on the cabinet. The toaster has been replaced by a free standing model on the counter.



960425CCN/013

Figure 2a and b. Close-up views of scorch marks on the cabinet above where the toaster had been mounted.

